

| SECTION|24. MEDICAL SUPPORT OPERATIONS|

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| |24-1 ORGANIZATION (Formerly 16-5.1.1)

| (1) The Health Care Programs Unit at FBIHQ is located
| in Room 6344, JEH Building. The Health Care Programs Unit at
| FBIHQ and authorized Health Services in the field offices are
| staffed with registered nurses who are required to have a minimum
| of two years of occupational health nursing experience before
| entering on duty with the FBI.

| (2) FBIHQ Health Care Programs Unit is staffed to
| provide services from 7:00 a.m. to 5:00 p.m., Monday through
| Friday for employees. The field offices' Health Services provide
| services during the workday, as established by the SAC/ADIC.
| Emergency recommendations are given by the medical officer on
| call, telephonically during nonduty hours by contacting the
| switchboard.

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| |24-1.1 Functions of the Health Care Programs Unit (Formerly 16-5 through 16-5.1.2)

| (1) The primary functions of the Health Care Programs
| Unit are: to provide assessment and initial emergency treatment,
| counseling, recommendations, referrals to physicians, interviews
| regarding health problems and/or omissions on EOD physical
| examination reports, follow-up service when indicated regarding
| health problems, contacting employees' physicians, and promotion

| of better health, awareness and safety habits through health
| education and preventive health programs.

| (2) Immunizations and other injections are given when
| indicated and required, i.e., international travel, evidence
| recovery at disaster scenes, etc. In Health Services staffed
| with only one nurse, injections are given only when approved by
| FBIHQ Health Care Programs Unit.

| (3) All physical examination reports on support and
| Agent applicants, hardship transfers, Legat personnel and their
| families and all physical examination for special assignments are
| reviewed in the field Health Services, then forwarded to FBIHQ
| Health Care Programs Unit for fitness-for-duty qualification

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| determination. In those field offices having a nurse, the nurse
| is responsible, with the SAC's/ADIC's concurrence, for monitoring
| contracts and scheduling annual physical examination at nearby
| contract facilities.

| (4) The nurse(s) assigned in the field will be
| responsible for providing educational programs for employees
| regarding good health habits, health services operations and
| preventive health programs available to all employees.

| (5) Employees injured on duty may be sent to a medical
| facility for examination and/or treatment, or may select a duly
| qualified physician or hospital in the nearby area. The Health
| Service provides the injured employee with Form CA-16 (Request
| for Examination and/or Treatment, Form CA-17 (Duty Status Report), and
| Form CA-1 (Federal Employee's Notice of Traumatic Injury and Claim for
| Continuation of Pay/Compensation), with attached Privacy Act of 1974
| Notice.

| (6) Health Care Programs Unit coordinates federally
| mandated programs such as Bloodborne Pathogens, Hearing
| Conservation, and Medical Surveillance Programs such as lead and
| other exposures.

| (7) In order to evaluate the services provided by
| health care contractors, the Health Care Programs Unit asks that
| all Special Agents and specialty employees receiving a fitness-
| for-duty physical examination complete an FD-866 and return the
| form to the Health Care Programs Unit at FBIHQ, Room 6344,
| Attention: Fitness-for-Duty Program.

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| 24-1.2 Field Health Services (Formerly 16-5.2)

| The Atlanta, Boston, Chicago, Clarksburg Satellite
| Facility, Cleveland, Dallas, Denver, Detroit, Houston,
| Los Angeles, Miami, Newark, New York, Philadelphia, Quantico,
| San Diego, San Francisco, and Washington Field Offices are
| equipped with Health Services which function along the same lines
| as the FBIHQ Health Care Programs Unit. Occupational Health
| Nurses who function as Regional Occupational Health Program
| Managers are located at the Chicago and New York Offices and
| FBIHQ. These nurses assist divisions without assigned medical
| personnel.

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| 24-2 Special Agent Essential Tasks

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| 24-2.1 Lift/Carry

| (1) With assistance, lift and carry individual (e.g.,
| subject) resisting arrest to vehicle or into back of vehicle or
| van.

| (2) Lift and carry body bunker (25 lbs.) while
| conducting a search of home, apartment, or building.

| (3) Lift and carry trash/trash cans to separate
| subject's trash.

| (4) Without assistance, lift and carry objects
| weighting 30 to 50 lbs. (e.g., boxes of paper, electronic
| surveillance equipment, personal computers, two-man ram, evidence
| recovery boxes).|

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| 24-2.2 Push/Pull

| (1) With assistance, pull/drag uncooperative
| individuals (e.g., boxes of paper, electronic surveillance
| equipment, personal computers, two-man ram, evidence recovery
| boxes).

| (2) Without assistance, pull/drag uncooperative
| individuals (e.g., subject) 20-25 feet during a search or arrest
| situation.

| (3) Without assistance, separate uncooperative persons
| by pushing, pulling, using locks, grips, or holds (e.g., break up
| fights).

| (4) With assistance, separate uncooperative persons by
| pushing, pulling, using locks, grips, or holds (e.g., break up
| fights).

| (5) With assistance, physically restrain (e.g.,
| handcuff, hold) or subdue a resistive individual (e.g., subject,
| drugged person).

| (6) Handcuff a subject.

| (7) Place leg restraints on a subject.

| (8) Apply touch pressure to control a person without

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| injury.

| (9) With assistance, place (pull/push) resistive
| subject into vehicle (e.g., back seat of car, van).

| (10) Without assistance, place (pull/push) resistive
| subject into vehicle (e.g., back seat of car, van).

| (11) Use rake to sift through debris for evidence.

| (12) Use shovel to dig/turn over debris while looking
| for evidence.

| (13) Use sifters to sift through debris to find
| evidence.

| (14) Without assistance, physically restrain (e.g.,
| handcuff), hold or subdue a resistive individual (e.g., subject,
| drugged person) using reasonable force on the job or during
| training.

| (15) Use bodily force (e.g., body, foot) to gain entry
| through a locked door or barrier.

| (16) Use hand tools (e.g., screwdrivers, wrenches) to
| install or repair electronic equipment.

| (17) Practice and maintain a high proficiency level of
| current defensive and tactical skills.

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| 24-2.3 Climb

| (1) Climb up/down stairs carrying equipment.

| (2) Climb over guard rail or medical barrier (2-3 feet).

| (3) Climb over wire or chain-link fence.

| (4) Climb over wooden fence.

| (5) Climb over wall (4 feet or higher).

| (6) Climb through first floor window to gain entry to
| a building.

| (7) With assistance, climb through second floor window
| to gain entry to a building.

| (8) Climb/pull self through attic opening to access
| attic or loft to execute a search warrant or search for a person.

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| (9) Climb 6-13 foot stepladder or fixed ladder to
| enter building, attic, fire escape, or loft.

| (10) Climb 14-20 foot straight ladder or fixed ladder
| to access building, attic, or roof.

| (11) Climb into/out of dumpsters to locate subject or
| evidence.

| (12) Climb onto or into the back of tractor-trailer or
| piece of heavy equipment.

| (13) Climb up fire escape to gain access to building or
| secure escape path.

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| 24-2.4 Quick Movements

| (1) Block and evade blows, punches, kicks, etc., with
| arms, hands, or legs.

| (2) Quickly get out of vehicle in response to an
| emergency call or to chase subject.

| (3) Quickly get into vehicle to pursue subject in car
| or to assist another Agent in an emergency.

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| 24-2.5 Bend/Stoop/Squat

| (1) Stoop/squat to search for physical evidence under
| seats, dash, hood of vehicle (e.g., car, heavy equipment) or to
| gather information (e.g., VIN#).

| (2) Stoop/squat to look for physical evidence at crime
| scene.

| (3) Bend/stoop to search for evidence in rubble of bomb
| scene.

| (4) Stoop/squat to install tracking/recording devices
| in confined spaces, under furniture, or in vehicles (e.g., under
| seats, dash, hood).

| (5) Bend/stoop/squat to connect or disconnect computers.

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- | (6) Stoop/squat over to assist handcuffed subject from
| a prone position to a standing position.
- | (7) Bend/stoop to talk to person on ground or children.
- | (8) Bend/stoop/squat to get behind cover to conduct
| surveillance (2-12 hours/day).
- | (9) Bend/stoop to get under cover when executing a raid.
- | (10) Kneel/crouch in back of van to conduct
| surveillance.
- | (11) Kneel/crouch to prepare or operate surveillance
| equipment.|

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| |24-2.6 Stand

- | (1) Stand for extending periods (e.g., one hour or
| more) during surveillance.
- | (2) Stand for extended periods of time on full alert
| during hostage or barricade situation.
- | (3) Stand for extended periods of time to search or
| seize evidence (e.g., office building, label evidence, crime
| scene bomb scene).
- | (4) Stand for several hours indoors or outdoors while
| conducting interviews at an incident or crime scene.
- | (5) Stand to provide security support for various
| events (e.g., Olympics, political events).|

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| |24-2.7 Walk

- | (1) Walk on flat surfaces to conduct search or during
| investigation.
- | (2) Walk to follow subject during surveillance.
- | (3) Walk in a search pattern over varied terrain to
| look for evidence or individual.
- | (4) Walk continuously to conduct search of wooded

| areas.

| (5) Walk up hills, gullies, or embankments.

| (6) Walk in loose, dirt, gravel, mud, or sand.

| (7) Walk across elevated surfaces (e.g., flat
| roofs, catwalks).

| (8) Walk to escort prisoners from jail to court.

| (9) Walk up and down stairs.

| (10) Approach arrest location maintaining cover
| and with appropriate speed and identification displayed
| to secure perimeter.

| (11) Walk while wearing 25 to 55 pounds of gear.

| (12) Walk to provide security support for various
| events (e.g., Olympics, political events).|

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| |24-2.8 Run

| (1) Run to stay ahead of subject during
| surveillance.

| (2) Run in pursuit of fleeing subject.

| (3) Run up and down stairs.

| (4) Run to position to set up for a search
| warrant or arrest.

| (5) Run while wearing 25 to 55 pounds of
| gear during training or mission.

| (6) Move team members through a confrontational
| or tactical situation.|

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| |24-2.9 Jump

| (1) Jump over obstacles (e.g., guard rail, ditch,
| hedge, bicycle) 2-4 feet.

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| (2) Jump down from elevated (4-5 feet) surface (e.g.,
| fence, wall, platform, porch, loading dock).

| (3) Jump up and pull self onto an elevated (4-5 feet)
| surface (e.g., platform, porch, loading dock).|

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| |24-2.10 Crawl

| (1) Crawl to look for evidence (e.g., look for hair,
| fibers).

| (2) Crawl or crouch into position to conduct
| surveillance.|

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| |24-2.11 Sit

| (1) Sit in vehicle or van on surveillance for an
| extended period of time.

| (2) Sit for extended periods of time (e.g., one or
| more hours) at desk, in meetings, or during court cases.

| (3) Sit to interview victims or subjects.

| (4) Sit to monitor (e.g., take notes and record time of
| call) a Title III case.|

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| |24-2.12 Firearms

| (1) Load and unload handgun, shotgun, rifle, and MP5.

| (2) Assemble/disassemble and clean handgun and other
| weapons.

| (3) Fire 50 rounds with handgun at target during
| practice or firearms qualification from standing, kneeling,
| prone, and behind barricade positions. Fire up to 200 rounds at
| each quarterly training session.

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- | (4) Fire handgun on the job (moving or stationary).
- | (5) Fire 2 strings of 5 rounds using a shotgun during
| practice or firearms qualification.
- | (6) Fire shotgun on the job (moving or stationary).
- | (7) Fire MP5 during firearms qualification or on the
| job.
- | (8) Fire weapon after pursuing subject on foot.
- | (9) Cover subject and areas of responsibility with
| weapon for extended period of time.
- | (10) Cover an area of responsibility for an extended
| period of time.
- | (11) Clear a home/apartment/building while covering
| area with weapon.
- | (12) Discharge chemical (e.g., Capstun, pepper spray)
| at resistive individual (e.g., subject) while avoiding blow back
| effects to others in the area.
- | (13) Hold weapon (handgun, shotgun) on felony subject
| until back-up arrives.

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| 24-2.13 Operate Hand Controls

- | (1) Operate keyboard on computer to enter/retrieve
| information.
- | (2) Install a body wire on another Agent, informant, or
| cooperative witness.
- | (3) Operate camera to take pictures of surveillance
| activities, crime scene, victim, evidence, and subjects.
- | (4) Operate binoculars, monoculars, and other night
| vision equipment while conducting surveillance.
- | (5) Photocopy evidence for presentation at trial or
| hearing.
- | (6) Duplicate surveillance tapes for presentation at
| trial or hearing.
- | (7) Operate radio/cell phone while driving vehicle/van
| at high speeds.

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| (8) Operate tape recorder to record interviews or
| confessions.

| (9) Operate video camera/camcorder to record
| surveillance activities, crime scene, victim, evidence, and
| subjects.

| (10) Operate electronic surveillance equipment (e.g.,
| CCTV, microphones, body recorder and transmitters) to obtain
| information or evidence.

| (11) Take photographs to support investigations,
| publications, or products.

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| 24-2.14 Drive

| (1) Drive vehicle (car, van) at posted speeds in the
| performance of daily duties.

| (2) Drive vehicle on open road (i.e., uncongested) at
| high speeds in response to call or emergency.

| (3) Drive vehicle through congested areas in response
| to call or emergency.

| (4) Drive vehicle at posted speeds on open road (e.g.,
| uncongested) and in congested areas.

| (5) Drive in pursuit of a subject fleeing on foot.

| (6) Drive to conduct surveillance of a moving vehicle.

| (7) Pull into and out of traffic in pursuit of subject.

| (8) Drive 2 or more hours to get from one location to
| another.

| (9) Transport prisoner/subject to jail, hospital, or
| FBI office.

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| 24-2.15 Write

| (1) Take notes while conducting interviews,
| observations, surveillance to record and summarize information
| for documentation purposes.

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- | (2) Write electronic communications (ECs) (e.g.,
| memos, investigative proposals) that provide thorough,
| appropriate, relevant, and timely information about a case or
| lead.
- | (3) Complete reports (e.g., information in Title III
| investigation).
- | (4) Write results of investigation efforts (e.g.,
| inserts, FD-302, reports, logs) on a timely basis.
- | (5) Write materials (e.g., operations plan, community
| outreach) that will be disseminated in an oral or written format
| (e.g., briefings, training).
- | (6) Generate database or spreadsheets to track and
| classify investigative information.
- | (7) Prepare affidavits in support of various types of
| warrants (e.g., search, arrest, seizure, Title III).
- | (8) Prepare evidence (e.g., transcripts of wiretaps)
| for presentation at trial or hearing.
- | (9) Take notes on items of concern during squad or
| task force meetings.
- | (10) Prepare forms to carry out an arrest plan or to
| request resources needed for an investigation (e.g., money, body
| recorder).
- | (11) Complete receipts or logs (e.g., to catalog
| evidence seized, transfer evidence voucher to property clerk,
| return property to owner).
- | (12) Record locations of all evidence recovered from
| crime scene.
- | (13) Make sketches, displays, or drawings to provide a
| graphic aid for use in investigations.

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| 24-2.16 Read

- | (1) Review and adhere to Bureau and other agency
| policies and procedures (e.g., conduct, deadly force) and
| appropriate manuals for operation of equipment (e.g., night
| vision gear, gas masks, shields).
- | (2) Read Bureau and other agency (e.g., DEA) case

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| files and records to locate information.

| (3) Review forms (e.g., FD-302, incident reports) for
| completeness and accuracy.

| (4) Review inventory records for accuracy and
| completeness to determine the status of equipment.

| (5) Read reports consisting of short, descriptive
| phrases (e.g., FD-302, incident reports, criminal history
| records, posted lists, I.D. cards, aircraft log books).

| (6) Examine documents and files from computer
| (e.g., Lexis-Nexis, Internet databases, ACS (Automated Case
| Support, Bureau computer system), reading from computer screen
| 50-80 percent of time).

| (7) Read legal documents, federal, state, and city laws
| and codes.

| (8) Read and interpret coded material (e.g., NCIC
| printout).

| (9) Read tape transcripts.

| (10) Read handwritten documents from subjects during
| investigation.

| (11) Read floor plans to carry out training or
| mission.

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| 24-2.17 Comprehension/Cognitive Skills

| (1) Maintain chain of custody to ensure admissibility
| when collecting, packaging, and preserving physical evidence for
| study and analysis.

| (2) Use ACS computer system to access other case files.

| (3) Serve subpoenas and execute search warrants or
| other court orders to obtain information and evidence.

| (4) Classify incidents to determine the appropriate
| report or form to complete.

| (5) Evaluate documents to determine the appropriate
| security classification of information.

| (6) Analyze documents, evidence (e.g., financial
| documents, bank records, telephone records, letters), and other

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| information to determine if a federal violation has occurred.

| (7) Determine whether probable cause exists to search
| persons or property.

| (8) Evaluate information on criminal activities to
| determine whether to initiate a preliminary or full
| investigation.

| (9) Analyze and compare cases or pieces of evidence
| for relationships or similarities.

| (10) Assess the reliability and accuracy of
| information received from subjects, witnesses, victims, or other
| law enforcement personnel.

| (11) Assess personality characteristics and beliefs of
| individuals (e.g., subjects, informants, witnesses) using
| information from files, observations, personal contacts, etc., to
| allow for effective interactions or to create psychological
| personality profiles.

| (12) Prepare emergency and nonemergency plans for
| conducting investigations or executing arrests such as
| identifying locations, personnel, communication, and equipment
| requirements, and safety considerations.

| (13) Adapt and adjust plans in response to changes
| in circumstances during an arrest or seizure of evidence.

| (14) Adjust focus of investigation in response to new
| evidence or arrests.

| (15) Catalog wire taps and summarize the tapes and
| logs for each day.

| (16) React quickly and made split-second decisions
| about the use of physical and deadly force in unexpected
| situations.

| (17) Plan and organize case load with little
| supervisory assistance to ensure that deadlines are met and all
| cases proceed effectively.

| (18) Control the activities of informant sources
| i.e., make assignments and payments, ensure that all appropriate
| guidelines are followed).

| (19) Direct and monitor the activities of undercover
| personnel, their work effectiveness, and well-being.

| (20) Review the performance of and provide
| supervision/instruction to other Agents.

| (21) Direct the manpower and direction of a case.

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- | (22) Work in a team environment as a member or a leader in diverse settings which include individuals from a variety of organizations (e.g., FBI offices, local, state, federal, or foreign agencies).
- | (23) Make and track assignments and evaluate the effectiveness of Agents.
- | (24) Identify and develop strategies for obtaining information.
- | (25) Identify sources of information needed to solve a problem, carry out a task, or conduct an investigation or inspection.
- | (26) Develop long-range plans (e.g., strategic plans, training, scenario plans) and accompanying objectives.
- | (27) Identify and consider trends (e.g., changes in the law, technological developments, crime patterns) and conditions (e.g., global, political, social) when developing long-range or strategic plans.
- | (28) Balance short-term requirements with a broader, long-term perspective.
- | (29) Take into account and consider organizational systems, constraints, and other units, programs, and functions when developing long-range plans.
- | (30) Locate individuals using investigative techniques.
- | (31) Cultivate and develop informants/assets.
- | (32) Respond to leads from other FBI offices in a timely manner.
- | (33) Summarize information from telephone or radio call conversation.
- | (34) Maintain case files (e.g., arrests, warrants).
- | (35) Determine the monetary value of recovered or seized property by referring to appropriate sources of information.
- | (36) Listen to description of an incident and interpret the details in relation to the law and other factors (e.g., recent crimes).
- | (37) Recognize inconsistencies in subjects' behavior and verbal statements.
- | (38) Arrange for and conduct lineups and photo spreads of subjects to obtain identification of subjects.

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- | (39) Determine best method to conduct surveillance.
- | (40) Determine entry format (e.g., occupant
| permission, knock, no knock).
- | (41) Decipher code language encountered during a
| Title III.
- | (42) Make recommendations regarding Bureau policies
| and procedures.
- | (43) Dispatch teams at an incident or from a command
| post.
- | (44) While working with other law enforcement agencies,
| judge whether others are safe and competent to perform duties.
- | (45) Ensure understanding of current operational plan
| according to FBI and DOJ policy.
- | (46) Be knowledgeable of Lesson Plans and Standard
| Operating Procedures (SOPs).
- | (47) Develop new training scenarios and research
| various techniques and equipment.
- | (48) Learn new skills related to operational mission
| (e.g., driving tactical equipment, tractor-trailer rigs) in a
| very short period of time to meet mission requirements.
- | (49) Quickly recover and move on after a stressful or
| unpleasant situation.
- | (50) Serve as relief supervisor to improve skills for
| possible promotion to team leader.

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||24-2.18 Calculate

- | (1) Analyze financial records to determine whether
| fraud has occurred.
- | (2) Perform simple arithmetic calculations (add,
| subtract, multiply, divide).
- | (3) Inventory evidence (e.g., money, computers).
- | (4) Use weights and measures (metric-grams/kilograms,
| street value of drugs).

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| (5) Calculate the hours needed to determine necessary
| manpower.

| (6) Prepare expense vouchers.|

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| 24-2.19 Communicate

| (1) Interview witnesses, informants, victims to obtain
| or provide information or assistance.

| (2) Interrogate subjects and informants to elicit
| relevant information/evidence.

| (3) Brief/inform others (e.g., other Agents, other law
| enforcement agencies, supervisors, ASAC, SAC, foreign governments)
| about problems, situations, work progress, or crime-related
| information.

| (4) Present cases to the Assistant U.S. Attorney
| stating facts, summarizing information, and answering questions.

| (5) Provide testimony by stating facts and answering
| questions.

| (6) Lecture to outside agencies (e.g., civic leagues,
| schools) as a representative of the Bureau (e.g., drug education).

| (7) Provide information regarding specialty (e.g.,
| bankruptcy fraud, computer virus crime) to other Agents.

| (8) Use radio to report routine or emergency incidents
| and locations.

| (9) Participate in hostage negotiations (e.g., over
| the phone, face-to-face, radio) with subjects.

| (10) Talk subject (armed or unarmed) or mentally
| disturbed or drug incapacitated person into surrendering.

| (11) Use telephone to gather/exchange information
| with other Agents, law enforcement agencies, witnesses, etc.

| (12) Talk to citizens to answer their questions and
| respond to their concerns.

| (13) Communicate with individuals from a variety of
| backgrounds (e.g., socioeconomic, ethnic) during covert
| operations.

| (14) Communicate with individuals speaking a foreign

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| language.

| (15) Talk to emotionally upset or out-of-control
| individuals.

| (16) Maintain composure and communicate information
| (e.g., description of individuals, vehicles) under stressful
| conditions (e.g., in pursuit, witness to violent event,
| environmental hazards).

| (17) Inform subject of his/her legal rights during
| interrogation.

| (18) Dictate case notes clearly into recorder so that
| they may be transcribed.

| (19) Request, clarify, and comprehend information
| presented by others (e.g., team members, team leaders, law
| enforcement agencies) in order to plan and execute mission in a
| safe and effective manner.

| (20) Extract critical information from an interview
| and correctly relay that information to appropriate persons.]

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| 24-2.20 Hearing

| (1) Listen to conversation being recorded on a body
| wire or other electronic eavesdropping equipment (may be in a
| noisy environment, busy intersection, bar, train station, through
| static in electronic system).

| (2) Relisten to surveillance tapes and check the
| transcripts for accuracy and to make revisions.

| (3) Overhear conversations in a bar or other noise
| environment.

| (4) Hear an order or instruction spoken in a normal
| tone from a distance of 10-25 feet.

| (5) Hear conversation over the sounds of machinery/
| traffic while interviewing individuals or receiving instructions
| at crime scene.

| (6) Listen to radios and distinguish appropriate calls.

| (7) Identify speech and voice characteristics over the
| phone (e.g., sex, age, accent) while recording messages
| accurately.

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| (8) Listen to sounds while searching an area for an
| individual/subject (e.g., whispering, movement, breathing).

| (9) Listen at closed door for noise or voices before
| entering room or building.

| (10) Listen to surveillance tapes to transcribe
| information recorded.

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| 24-2.21 Vision

| (1) Search wooded areas for evidence (e.g., weapons,
| clothing, blood).

| (2) Search buildings/structures for evidence (e.g.,
| weapons, clothing, blood).

| (3) Search building/structures for subjects.

| (4) Survey/evaluate crime scene or crisis site to
| quickly gather information (e.g., potential danger, neighborhood
| residents, gang look-outs, bystanders, exits, entrances,
| obstacles, usage patterns).

| (5) Monitor subject activities using visual (e.g.,
| CCTV) and/or auditory techniques (e.g., microphones, body
| recorders and transmitters) to determine a subject's patterns or
| gather evidence.

| (6) Be vigilant during surveillance of CCTV.

| (7) Search wooded areas for subjects.

| (8) Use flashlight at night to read documents or take
| notes during surveillance.

| (9) Read street signs, mailboxes, and house numbers
| from vehicle.

| (10) Read license plate from a distance up to 50 feet.

| (11) Identify model and color of vehicles from 100
| feet away.

| (12) Distinguish colors at traffic signals, signs,
| computer and electronic wiring, and bomb wiring.

| (13) Observe and report description (e.g., hair color,
| height, clothes) of individual from a distance of 30 to 100 feet.

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| (14) Recognize a person previously known based on
| description (but wearing different clothes) from a distance of 30
| to 100 feet.

| (15) Recognize a person based on a photograph you saw
| previously (e.g., day, week ago).

| (16) Recognize a person based on a verbal description
| (e.g., age, hair color, clothing).

| (17) Determine whether a person is under the influence
| of drugs or alcohol by using visual cues.

| (18) Focus sight of gun and determine what is in
| subject's hand.

| (19) Scan videotape quickly to gather evidence or to
| look for subject.

| (20) Conduct site survey before conducting a mission.|

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| 24-2.22 Miscellaneous

| (1) Follow through on assignments, even under
| difficult and adverse conditions (sleep deprivation, stressed,
| fatigued).

| (2) Participate in personal physical fitness training
| to maintain readiness required for performance of duties.

| (3) Process arrested subjects (e.g., fingerprint,
| photograph, inventory personal property).

| (4) Detect smells that should be investigated and
| approximate their origin (e.g., smoke, gas, alcohol).|

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| 24-3 FITNESS FOR DUTY (FFD) EXAMINATIONS (Formerly MAOP, Part 1, 20-5.1)

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| 24-3.1 Special Agent FFD Examinations|(See MAOP, Part 1, 24-3.2.)(Formerly MAOP, Part 1, 20-5.1, 20-5.1.1)

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| (1) Even-numbered birthdays - Complete FFD examination.
| The first even-numbered birthday examination may be waived after entry
| on duty if timing interval since baseline examination is less than two
| years.

| (2) Odd-numbered birthdays - Update Standard Form (SF) 93,
| Report of Medical History. Individuals should update their medical
| history and make a statement in Block 7a "Present Health" of one of
| the following:

| (a) "No change in medical condition since previous
| examination." In this case the SF-93 will be routed by the medical
| coordinator to HCPU for updated report into the Bureau Personnel
| Management System to indicate current FFD status.

| (b) "Health review needed, change since last
| examination." The Occupational Health Nurse (OHN) assigned (if none
| assigned, the medical coordinator will send this information to FBIHQ,
| HCPU, FFD) will clarify by telephone or personal interview any
| significant (potential for interference with essential tasks) change
| in medical condition since the previous FFD examination. Need for and
| content of interim examination will be determined by this review
| process, in consultation with an FBI medical officer, as appropriate.

| (3) Exercise Stress Testing (EST) frequency will vary based
| upon age, baseline test at age 40 years, repeated at ages 44 and 48
| years and at every complete FFD examination beginning at age 50 years
| (age 50, 52, 54, 56 years).|

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24-3.2 Foreign Appointments (See Legal Attache Manual, Part 1, 4-6.) (Formerly MAOP, Part 1, 20-5.1, 20-5.1.1)

| (1) FBI REQUIREMENTS: All Special Agents (SAs) are
| required to have a Fitness For Duty (FFD) physical examination
| conducted in years in which they have an even-numbered birthday.
| Odd-numbered birthdays require completion of the Standard Form 93
| (SF-93), Report of Medical History, to determine if an interim focused
| examination is required. To accommodate SA personnel on Legal Attache
| assignments abroad in remaining compliant with FFD examinations, there
| is flexibility with regard to timing of physical examination as
| follows:

| (a) SAs who anticipate travel back to CONUS
| within a period of three months prior through three months past their
| birth month should contact the Legat Medical Program Manager within
| Health Care Programs Unit (HCPU) for guidance and assistance in
| scheduling their physical examinations. Time permitting during travel
| to CONUS, physical exams may be scheduled either at FBIHQ or at the

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| contracted examination facility in the field office to which they are
| traveling.

| (b). If travel to CONUS within this time frame
| is not anticipated, SA Legat personnel may request a Department of
| State "In-service" physical examination be conducted by the Regional
| Medical Officer (RMO) at post. HCPU will accept this physical as
| their periodic FFD physical. The caveat to this is that the SA must
| request a copy of the physical from the RMO and send it to the Legat
| Medical Program Manager.

| (2) DEPARTMENT OF STATE REQUIREMENTS

| (a) Pre-post Physical Examinations: All Legat
| Program appointees, both Agent and support, as well as their spouses
| and eligible dependents are required to take a prescribed medical
| examination prior to departure for post and receive a medical
| clearance before passports are issued. If there are questions
| regarding eligibility of dependents for medical clearance, the correct
| answer corresponds to whether or not they are being funded for travel
| with the sponsor.

| (b) During Overseas Tour of Duty: Department
| of State physical examinations are offered, not required, to all
| Legat employees and their eligible family members after being at post
| for a period of two years.

| (c) Transfers to a Different Post: In the
| event that a Legat employee has a direct transfer to another post,
| he/she should contact the Legat Medical Program Manager within HCPU at
| FBIHQ for guidance regarding need for an updated physical exam.

| (d) Exiting the Legat Program: When exiting
| the Legat Program, all Legat Program employees and their eligible
| dependents are entitled, if they desire, to an exit physical
| examination. If adequate examination facilities are available, these
| examinations are encouraged to be done at post 60 to 90 days prior to
| departure. However, if adequate medical facilities are not available,
| or if the employee and dependents prefer, the examinations may be
| conducted within 90 days of arrival in the United States. Completion
| is especially important to document medical condition(s) which might
| require follow-on care. Failure to complete the exit examination may
| result in nonpayment of such claims.

| (e) Newly Acquired Dependents: Dependents
| newly acquired as a result of marriage, birth, adoption, or legal
| guardianship should have a physical within 90 days of the event. A
| copy of the physical examination reports should be sent to the Legat
| Medical Program Manager.

| (f) Dependent At Age 21: Dependents of Legat
| employees, upon reaching the age of 21, are no longer covered
| medically by Department of State. These dependents may elect to have
| a separation physical conducted 90 days prior to their 21st birthday.

| (3) TEMPORARY ASSIGNMENT EXAMINATIONS

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| To be ensured coverage by the Department of State Medical
| Program of unexpected medical problems, employees on overseas
| assignment in excess of 60 calendar days a year are expected to
| complete a Department of State physical examination and receive a
| medical clearance prior to proceeding abroad on TDY assignment.
| Contact the Legat Medical Program Manager for guidance and assistance.

| (4) HOSPITALIZATIONS AND/OR MEDEVACS

| All Legat offices should establish a policy and procedure
| for notifying the Legat Medical Program Manager of any hospitalization
| and/or medical evacuations (medevacs) of Legat employees or their
| family members. This will facilitate authorization to establish a
| fund citation for payment and assist reestablishment of medical
| clearance.

| (5) SERIOUS ILLNESS OR INJURY

| Legat employees with either an illness or injury that
| prevents them from performing the essential duties of their position
| for a period in excess of 30 days should report their medical
| condition to the Legat Medical Program Manager.

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| 24-3.3 Periodic Examination for Non-Agent Employees|(See MAOP, Part 1, 24-3.1.1)|(Formerly MAOP, Part 1, 20-5.1, 20-5.1.1)

(1) Applicants: Applicant FFD examinations are required for auto mechanics, language specialists (audiometer test only), police officers, investigative specialists, health care workers (including occupational health nurses and medical officers), electronics technicians, latent fingerprint specialists, latent fingerprint photographers, and members of the Support Surveillance Group, Hazardous Materials Response Unit, and Evidence Response Team. (See MIOG, Part 1, 67-8.5.1.)

| (2) Employed Members: Upon employment, support employees
| in FFD positions will receive FFD examinations at the same frequency
| and scope as noted for Special Agents in MAOP, Part 1, 24-3.1.
| Exceptions are made for auto mechanics and health care workers and
| others removed from exposure risk or worldwide duty travel
| requirements. EST will be performed only if required to make a FFD
| determination when a significant question is raised by FFD
| examination, and must be approved by HCPU. Language specialists'
| audiometer testing will be conducted according to the periodic
| examination schedule of every two years, on even-numbered birthdays.

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| |24-3.4 Basic Medical History Requirements for Employees Not Otherwise Covered by the FFD Program

| Anyone receiving an immunization at FBI expense in
| anticipation of overseas travel should be required to complete a
| SF-93, Report of Medical History, no less frequently than every
| three years. When an employee is scheduled or arrives for an
| immunization, a check of their local employee health file should
| be accomplished. If SF-93 is older than three years or no
| medical file exists, one should be made at that time and SF-93
| completed and/or updated and placed on record. A copy of the
| SF-93 is sent to a local or regional FBI Occupational Health
| Nurse (OHN) for review. If questions of sufficient gravity are
| raised which require more detailed information, the OHN will
| attempt to clarify by telephone call to obtain additional
| history. If still concerned, the SF-93 should be forwarded to HCPU
| for medical officer review and recommendation regarding overseas
| clearance. Refusal to cooperate with medical history
| requirements will result in employee's medical mandate exclusion
| from overseas travel.

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| |24-3.5 Authority for Examinations and Related Follow-up Actions (Formerly MAOP, Part 1, 20-5.1 and 20-5.1.5)

| No FFD physical examination is to be arranged for any
| individual without prior authority of FBIHQ. The exceptions are
| the required physicals and audiometry examinations afforded at
| designated medical facilities that are assigned by the HCPU.
| Physicals arranged by employee with their private physicians will
| not serve as a substitute for the Bureau-required FFD physical.
| The FBI will not pay for any physicals that have not been
| properly authorized.

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| |24-3.6 Employee Responsibility to Provide Information

(Formerly MAOP, Part 1, 20-5.1.2)

| Employees undergoing such examinations must, when
| interviewed by the medical examiner, advise examiner of pertinent
| physical symptoms, medical history, including any defects or
| injuries for which such employee may be receiving pensions or
| compensation awards from the Office of Workers' Compensation

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| Programs, Department of Veterans Affairs, and the like, in order
| that the medical examiner may adequately consider this
| information as relating to the scope of the examination. |

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| 24-3.7 Provision of Information to Medical Examiner (Formerly MAOP, Part 1, 20-5.1.4)

| The medical examiner must be furnished with a copy of
| the previous report of medical examination (SF-88), its
| attachment (FD-300), and SF-93, a report of medical history. |

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| 24-3.8 Employee Responsibility to Report Treatment (Formerly MAOP, Part 1, 20-5.1.3)

| (1) All investigative personnel, electronics technicians
| and language specialists must promptly notify their SAC or
| division head when they receive treatment, care or attention from
| a private physician for a condition which might impair an
| employee's fitness for duty. These employees must also notify
| division head or SAC of any condition manifesting itself to the
| extent of impairment of fitness for full duty, even though such
| condition is not being treated by a physician. FBIHQ should be
| promptly advised of treatment for any serious condition. Colds
| and other minor illnesses need not be made a matter of record. |

| (2) A commercial driver must immediately notify his/her
| management official when taking a medication that could manifest
| itself to the extent of impairment of fitness for full duty. This
| includes the use of both controlled substances and over-the-counter
| medications. |

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| 24-4 MEDICAL PROFILE SYSTEM (Formerly MAOP, Part 1, 20-5.2)

| (1) This system outlines the medical, physical, and
| job-related environmental parameters determined necessary to
| accommodate the employee's physical or mental capabilities or
| restrictions. Medical Profile is a system in which an employee
| is identified in a particular category relative to his or her

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| current individual medical status or condition. Each profile
| states whether or not the employee is medically qualified to
| perform the full duties of his or her job description.

| (2) The Medical Profile System also includes medical
| mandates that outline the medical, physical, and job-related
| environmental parameters needed to accommodate the employee's
| medical condition or disability.

| (3) A physician's medical diagnosis, laboratory and
| examination results will be kept in a separate, strictly
| confidential record system. The diagnostic information will be
| revealed only in accordance with the standards of practice and
| medical confidentiality, i.e., with permission of the employee.

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| 24-4.1 Special Agents (Formerly MAOP, Part 1, 20-5.2.1)

| (1) Medical mandates (restrictions) are assigned by the
| Bureau's Medical Officer (MO), a Bureau physician, or a private
| physician utilized by the employee when he/she has an illness,
| injury, physical/mental condition that precludes or limits their
| ability to perform the expected duties of their position.

| (a) Condition will be followed closely by the
| Fitness-For-Duty Subunit, Health Care Programs Unit to effect the
| proper assignments of medical mandates (restrictions) as well as
| the removal of medical mandates.

| (b) Nonarduous duties will be designated based on
| the medical mandates that are assigned to the employee, taking
| into consideration his/her physical and/or medical capabilities.

| (c) It will be determined by the physician if an
| employee is medically capable of assignments involving raids,
| arrests, and use of firearms.

| (2) Agents on Medical Profile System with assigned
| medical mandates (restrictions) are to be permitted to
| participate in firearms training, provided the Agent's evaluating
| physician is fully familiar with the Agent's condition, and is
| aware of the nature of firearms training, and furnishes a written
| statement that, in the physician's opinion, such participation
| would not be injurious to the Agent's health or dangerous to
| others. (See MIOG, Part 2, 12-16 (1).)

| (3) In instances where the evaluating physician does
| not certify the Agent to attend training and the prospects for
| future participation are remote due to the Agent's condition,
| authority to carry a firearm will be rescinded and any
| Bureau-issued weapon turned in. (See MIOG, Part 2, 12-16 (2).)

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(4) When a doctor recommends removal of medical mandates (restrictions), a medical statement from the physician must be submitted to Fitness-for-Duty Subunit, Health Care Programs Unit (HCPU), FBIHQ to support the employee's removal from medical mandates subject to approval by the FBI's MO.

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| 24-4.2 Resident Agents (Formerly MAOP, Part 1, 20-5.2.2)

(1) No Agent with assigned medical mandates (restrictions) will be designated or continued as a Senior Resident Agent, Alternate Senior Resident Agent, or Resident Agent. This applies also to any Agent who has any physical disability of any kind or who is being treated for any disability. In considering a recommendation for designation of resident agency personnel, carefully evaluate physical qualifications and include a statement with your recommendation that there are no physical disabilities or there is no ongoing treatment for any disability. In each case you should receive assurance from the Agent involved that he/she has no physical disability of any kind and is not being treated for any physical disability nor has there been any manifestation of a disability. Ensure that FBIHQ is advised in each instance in which a Resident Agent becomes disabled, is being treated for a disability, or in which there is any question concerning this. When recommending retention, complete justification must be furnished, together with comments whether sufficient amount of nonarduous work exists to keep such Agent fully occupied and that sufficient Agents are available to handle emergency assignments.

(2) FBIHQ should be advised at least once every 60 days of employee's condition unless the condition is such that more frequent correspondence is necessary.

(3) In forwarding any communication to FBIHQ pertaining to Resident Agents, caption should include appropriate designation. If the Agent has a disability or is under treatment, include complete information regarding prognosis, as well as specific date Agent will be restored to full-duty status. Such data must be substantiated by statements from a qualified medical examiner.

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| 24-5 MEDICAL MANDATES PROGRAM

(1) Medical conditions which render an incumbent

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| Bureau employee unable to perform essential functions of the
| position held may be short or long term in nature. Similarly,
| a serious medical diagnosis or physical limitation may require
| recurrent screening for potential problems of assignment. The
| following system categorizes restrictions into levels of
| immediacy and follow-up, called Medical Mandates. There are four
| levels:

| (a) Medical Mandate I - No specific restrictions
| are present but a serious diagnosis requires additional scrutiny
| before assignment to locations with austere conditions and/or
| medical support availability. An example would include an
| employee with a well-controlled seizure disorder or adult onset
| diabetes mellitus, or presence of previously treated and stable
| coronary artery disease.

| (b) Medical Mandate II - A medical condition has
| been identified which restricts essential job functions for more
| than 30 days but is expected to resolve within a reasonable
| period of time with no permanent limitations of those functions.
| Examples include required surgical procedure or recovery from a
| serious injury such as a broken leg or hip.

| (c) Medical Mandate III - A prolonged serious
| medical condition or physical limitation with prolonged and
| uncertain duration, that is, has not reached maximum medical
| improvement. Examples include cancer diagnoses requiring
| continuing therapy to reach hopeful stabilization or improvement,
| or physical injuries which require rehabilitation. Six months to
| a year is normally expected to be the maximum observation period
| before definitive resolution unless extenuating circumstances
| dictate a longer observation period.

| (d) Medical Mandate IV - A medical condition or
| physical limitation which is considered to be permanent which has
| reached maximum medical improvement, and which prevents the
| employee from fulfilling an essential function of the job, with
| or without reasonable accommodation. Examples include paralysis
| or nonrecoverable loss of major organ function such as heart,
| kidney, or liver.

| (2) Medical Mandates Program Entry - Inquiries and/or
| examinations may not exceed the scope of a medical condition's
| effect on the employee's ability, with or without reasonable
| accommodation, to perform the essential functions of the job
| without posing a direct threat. Employees may become subject to
| the Medical Mandates Program by:

| (a) Self-identification, voluntarily supplying
| information from their personal physician;

| (b) Supervisory request based upon observed limitations
| which are affecting the employee's ability to perform the essential
| functions of his or her job, or based upon objective concerns
| that the employee may be a direct threat to self or others; or

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(c) Following identification in conjunction with a regularly scheduled FFD examination.

(3) Medical Mandates Process - Once an FFD question is raised, medical information is forwarded to HCPU for Medical Officer review and recommendation regarding entry into the Medical Mandates Program. If the information submitted is insufficient for the required review to be completed, the Medical Officer will so state with a letter directing attention to specific questions remaining in the case. At entry into the program, specific recommendation is made regarding placement of the employee in Medical Mandate I, II, III, or IV, and any required schedule for follow-up medical information. In addition, the employee is flagged in the Critical Case Tracking portion of the Bureau Personnel Management System (BPMS) to assure proper interaction between HCPU evaluations and supervisors and managers when employees in the Medical Mandates Program are identified for assignments such as deployments, transfer, and other special duties.

(4) Maximum Medical Improvement Procedures - Maximum medical improvement is a prognostic statement explaining that medical treatment has fulfilled its likely benefit to an individual, such that remaining limitations are considered permanent. Determination of maximum medical improvement may be made by the employee's personal physician, by specialty consultation related to an FFD examination, or by lack of progress in treatment for a prolonged period as determined by the FBIHQ Medical Officer reviewer and by the Medical Mandates Evaluation Board (MMEB).

(5) Referral to the Disabilities Program Manager - When maximum medical improvement is reached, an employee will be notified in writing by HCPU that referral has been made to the Disabilities Program Manager, OEOA. Notification will include an explanation of the MMEB procedures and the employee's rights. Such notification will allow 45 days for an employee to consult his or her physicians and attorneys of choice at the employee's own expense, and provide him or her an opportunity to present written comments and materials, including medical information and legal briefs to the Disabilities Program Manager. Upon the employee's request, the FBI will furnish him or her an opportunity to review the materials upon which the FBI has relied in placing the employee in Medical Mandate IV.

(6) Bureau-requested FFD - To clarify medical factors in the case, at the Bureau's discretion the employee may be ordered, pursuant to Title 5, CFR, Section 339.301, to undergo a FFD examination at Bureau expense. The examination will focus on questions raised by the medical officer, but generally will include current diagnosis, prognosis for recovery, continuing treatment, and whether or not the employee has reached maximum medical improvement. Examinations will not exceed the scope of a medical condition's effect on the employee's ability, with or without reasonable accommodation, to perform the essential functions of the job without posing a direct threat. Failure

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| of the employee to comply with the FFD examination and/or to
| provide requested medical information may be considered
| insubordination for appropriate administrative action.

| (7) Reasonable Accommodation - The Disabilities
| Program Manager will forward the information to HCPU for
| additional medical review and to the Administrative Law Unit
| (ALU), Office of the General Counsel (OGC). Once the medical and
| legal consultations are complete, the case will be scheduled for
| review by the MMEB.

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| 24-6 MEDICAL MANDATES EVALUATION BOARD (MMEB)

| (1) Appointment of Voting Members - The MMEB will
| consist of FBIHQ supervisors/managers, and field office
| supervisory personnel familiar with the essential functions of
| the position held by the employee being reviewed. Voting members
| will be appointed by the Assistant Director, ASD.

| (2) Term of Appointment - Members serve for a period
| of one year and may be reappointed for additional one year terms
| until unavailable to serve.

| (3) Composition

| (a) The Chairperson of the MMEB will be the
| Section Chief with management responsibility for the HCPU.

| (b) Voting members will be the Chairperson and
| other appointed management personnel from FBIHQ and field
| offices, including support personnel managers and Supervisory
| Special Agents as required. FBIHQ representative will be drawn
| from Section Chief positions of the various divisions. Field
| representative will include an Assistant Special Agent in Charge
| from nearby field offices and/or designated field supervisor(s).

| (c) Disabilities Program Manager, OEEOA, serves
| as administrative deputy to the Chairperson, to include the actions
| as described below.

| (d) Permanent advisors to the MMEB will be the
| Disabilities Program Manager (OEEOA), FBIHQ Medical Officer(s), a
| Fitness-for-Duty nurse, a representative of OGC, and a
| representative from the unit within the ASD which oversees
| staffing issues.

| (4) MMEB Timing and Quorum - Meetings will generally be
| held on the first Thursday of each month or at the call of the
| Chairperson. A quorum will consist of three voting members and
| the Chairperson and permanent advisors or their designees. If

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| the employee is an SA, at least one voting member will be an SA.
| If the employee is a support employee, at least one voting member
| will be drawn from the same job family as the employee, preferably
| the Program Manager. Decisions are reached by majority vote.

| (5) Report of MMEB Findings - After making the
| determination of whether or not an employee is capable of
| performing the essential functions of his or her position with or
| without reasonable accommodation, the MMEB shall set out its
| findings and make recommendations as to the appropriate
| disposition of the case in writing, enumerating its reasons to
| the ASD Personnel Officer. Voting members and advisors may
| submit in writing dissenting views if desired. The employee will
| be provided a copy of the MMEB's findings and recommendations.

| (6) Personnel Officer Review and Disposition - The
| Personnel Officer will review the Board's findings,
| recommendations and dissenting views, if any, and make the final
| determination as to what action shall be taken. The possible
| actions include:

| (a) Approving the findings and recommendations in
| whole or in part;

| (b) Disapproving the findings and recommendations
| in whole or in part;

| (c) Returning the case to the MMEB after an
| additional specified period of observation for reconsideration.
| ASD will supervise all required follow-up action.

| (7) Notification - MMEB notification of affected
| employees will be by mail, signed by the Personnel Officer, and
| go through the appropriate division/office head.

| (8) Disabilities Program Manager Responsibilities -
| Forwards case file information to ALU for review and provides
| input to the MMEB during proceedings regarding disabilities
| program management.

| (9) Health Care Programs Unit (HCPU) Responsibilities

| (a) The Medical Officer prepares a synopsis of the
| essential medical details of the case for review by the MMEB,
| including evidence regarding maximum medical improvement and
| persistent medical imitations once all pertinent information is
| obtained;

| (b) Copies and distributes case files to members
| for review at least three duty days prior to each meeting;

| (c) Prepares and maintains official minutes of
| proceedings of each meeting;

| (d) Prepares electronic communications (ECs)
| and letters to employees regarding results of MMEB decisions,

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| and;

| (e) Tracks actions to completion.

| (10) Human Resources Representative Responsibilities -
| Provides expert opinions as to appropriate and possible personnel
| actions.

| (11) Legal Representative Responsibilities - Reviews
| medical and personnel details of each case for meeting discussion
| and provides written legal guidance related to determination of
| disability and evaluation of reasonable accommodation decisions
| of the MMEB.

| (12) Division/Office Head Responsibilities - Every
| effort shall be made by division/office heads to assist employees
| who accept a reasonable accommodation to a new Bureau position,
| as well as assisting those who are removed from the rolls of the
| FBI. Efforts shall include offer of services of the FBI's
| Employee Assistance Program and assistance in applying for
| disability retirement and/or workers compensation if the case is
| job related.

| (a) Position Search - The MMEB may request the
| division/office head to identify a vacant position for which the
| employee is otherwise qualified, which meets the reasonable
| accommodation requirements of the employee or which does not have
| any specific medical/physical requirements. If no appropriate
| vacant position can be identified within the employee's
| division/office, the search will be referred to the appropriate
| FBIHQ staffing office for additional guidance.

| (b) Position Offer - If an appropriate vacant
| position is identified, it will be offered to the employee
| requiring the accommodation by the division/office head. If the
| position is outside the employee's previous commuting area, the
| reassignment will be offered to the employee as a cost transfer
| (i.e., at the FBI's expense, according to policy decision by ASD
| on January 6, 2000).

| (c) Position Acceptance/Denial - Documentation as
| to the availability or nonavailability of a position and the
| employee's acceptance or refusal of the position will be
| communicated by EC back to the appropriate unit within ASD
| dealing with position management.

| (d) Position Unavailable - If an appropriate
| vacant position is not available, or if the employee refuses to
| accept a vacant position being offered, the following action will
| be initiated:

| 1. A proposal will be made to terminate the
| employee from the rolls of the FBI for nondisciplinary reasons
| due to inability to perform the essential duties and
| responsibilities of the position, with or without accommodation.

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2. The employee will be urged to file for disability retirement and will be provided assistance to do so by a retirement counselor assigned to the Personnel Assistance Section.

3. If the employee believes the condition was precipitated by or is in any manner work related, application may be made for reimbursement from the Office of Workers' Compensation, U.S. Department of Labor.

(13) Appeal Procedure/Reinstatement

(a) The employee may appeal the final determination of the Personnel Officer to the Assistance Director (AD), Administrative Services Division (ASD). Any appeal must be within 30 days after the employee is notified of the final determination. Upon the employee's request, documents used by the MMEB in its deliberation will be provided to the employee. The employee may include with the appeal additional written submissions relevant to the appeal which the employee desires the AD, ASD to consider in deciding the appeal.

(b) If within one year of release an employee's medical condition has improved to the point that he/she is capable of performing the essential functions of the position previously held, he/she can request a reevaluation. If improvement is validated, application may be made for reinstatement to the employee's former position. The employee remains subject to other standard reinstatement requirements (e.g., updated background investigation).

(c) If the employee has fully recovered from a COMPENSABLE injury WITHIN ONE YEAR from the date of eligibility for compensation, the employee shall be restored immediately and unconditionally to his or her former position or an equivalent one, pursuant to the requirements of Title 5, CFR, Part 353.301 (a).

(d) If an employee is fully recovered from a COMPENSABLE injury AFTER ONE YEAR from the date of eligibility for compensation, the employee shall receive priority consideration, agency wide, for restoration to the position that he/she vacated, or any equivalent one, pursuant to the requirements of Title 5, CFR, Part 353.301(b).|

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||24-7 PHYSICAL FITNESS PROGRAM (See MAOP, Part 1, 15-1.1.1(3).) (Formerly MAOP, Part 1, 20-5.4)

Special Agents are encouraged to establish and sustain a high level of physical fitness. Physical fitness enables

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| Agents to cope more readily with the stresses of a law
| enforcement career and handle critical contingencies readily and
| confidently. The success of the program, in terms of benefits to
| the individual and the Bureau, depends on the professionalism of
| each Agent participant and on the management of the program by
| our SACs, ASACs, Field Supervisors and Field Fitness Advisors.
| Accordingly, the following guidelines have been established for
| the maintenance of the FBI Focus on Fitness Program:

| (1) Each Special Agent is responsible for his or her
| availability while participating in the program. Rapid response
| should be of paramount concern to each Agent. As such, it is
| incumbent upon each individual participating in the program to
| establish a recall procedure in the event of immediate need.

| (2) Three one-hour exercise periods per week have been
| authorized for Physical Fitness Program participants. Workouts
| may be coupled with lunch periods. All exercise periods must
| occur during the participant's regularly scheduled work shift,
| including one hour immediately before, and one hour immediately
| after the scheduled work shift. Workouts are not to be conducted
| at home. AVP guidelines prohibit exercise periods as overtime.
| Note: The requirement that exercise periods must occur during
| the participant's regularly scheduled work shift does not apply
| to those individuals attending New Agents classes. Specific
| exceptions to the requirement may be granted to those individuals
| assigned to undercover operations or to those working permanent
| shift work with the prior written approval of the SAC.

| (3) Field Fitness Advisors are directed to publicize
| benefits of participation in the program to encourage maximum
| participation. These benefits include, but are not limited to,
| such areas as the following: decreasing the risk of coronary
| heart disease through the lowering of blood pressure, decreasing
| pulse rate and cholesterol levels, improving diet and weight
| control, reducing stress and tension, improving emotional and
| physical well being, and increasing energy, alertness, and
| productivity. Suggestions, recommendations, or requests of a
| specific nature should be directed to the Training Division,
| Attention: Physical Training Unit.

| (4) All Special Agent personnel whose most current
| annual physical examination certified them "fit for duty" may
| voluntarily participate in the semiannual FIT tests scheduled by
| their respective field divisions or Headquarters divisions.
| This FIT test is to be administered by a Certified Special Agent
| Fitness Instructor. "Certified" means that this Agent, acting in
| the capacity of a Fitness Instructor, has attended and
| successfully completed the one-week Basic Law Enforcement Fitness
| Instructor Certification Course in-service taught by the Training
| Division at the FBI Academy or at a field school taught by members
| of the Physical Training Unit of the FBI Academy.

| (a) Each Agent's results are to be entered in the
| Fitness Information Terminal System (FITS) and he/she is to be
| furnished a personalized, confidential fitness history form

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| showing past performance and current performance compared to
| existing Bureauwide performance norms by sex, age and event.

| (5) Injuries and occupational diseases arising from
| participation in previously approved Physical Fitness Program
| activities are compensable under the Federal Employees'
| Compensation Act. Workers' compensation benefits may be paid for
| injuries or occupational diseases only if the employee was
| authorized to participate in the Physical Fitness Program, the
| nature of the exercise causing such activity was on the approved
| Physical Activity Classification List, and the injury occurred
| during an authorized time frame. (See MAOP, Part 1, 15-1.1.1,
| for instructions on submitting worker's compensation claims.)

| (6) Participation is also encouraged for field
| Electronic Technicians (ETs), inclusive of supervisory ETs and
| Telecommunications Managers, following guidelines and policies
| set forth above. Participation of ETs assigned to FBIHQ is
| encouraged but is with the consent of their Assistant Director.|

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| |24-8 PSYCHOLOGICAL FITNESS FOR DUTY (FFD) PROCESS (Formerly MAOP, Part 1, 20-5.5)

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| |24-8.1 Psychological FFD Evaluations (Formerly MAOP, Part 1, 20-5.5.1)

| Set forth for the purpose of clarification are the
| responsibilities of the Health Care Programs Unit (HCPU),
| Employee Assistance Unit (EAU), Administrative Services Division
| (ASD), and the Security Programs Manager, Security Division, with
| regard to FFD, but more particularly as it related to the roles
| of the respective staffs of each program in dealing with
| psychological problems affecting FBI employees.|

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| |24-8.2 Background (Formerly MAOP, Part 1, 20-5.5.2)

| (1) The FFD Program is managed by the HCPU, Personnel
| Assistance Section (PAS), ASD. The FFD Program assesses an
| employee's physical and psychological fitness to safely perform
| the essential functions of his/her position, and to assist the
| Security Program Manager in making determinations as to the

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| employee's ability to hold a security clearance, which is a
| condition of employment.

| (2) Pursuant to Title 5, Code of Federal Regulations
| (CFR), Part 339.301, the FBI may order psychological FFD
| evaluations for all employees who are subject to medical
| requirements, i.e., Special Agents (SA), police officers,
| investigative specialists, electronic technicians, and auto
| mechanics. Psychological FFD evaluations are authorized when
| employees exhibit otherwise unexplained irrational, bizarre, or
| aberrant behavior/conduct which prevents them from suitable
| performing the essential functions of their positions and/or
| calls into question their trustworthiness to maintain their
| security clearances.

| (3) The authority of Bureau-mandated FFD evaluations
| is covered in:

| Title 5, CFR, Part 339.301
| MAOP, Part 1, Section 1-25, Drug Deterrence Matters
| Executive Orders 12968, 10450
| Public Law 100-71, Section 503|

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| **24-8.3 Psychiatric Evaluation Process (Formerly MAOP, Part 1, 20-5.5.3)**

| (1) INFORMATION AND DETERMINATION PHASE

| (a) A Special Agent in Charge (SAC) or division
| head may request a psychological FFD evaluation of an employee,
| subject to Title 5, CFR, Part 339.301, whose conduct or behavior
| adversely impacts his/her ability to suitable perform the
| essential functions of the job; or whose trustworthiness is
| questioned, and therefore, whose security clearance could be
| withdrawn. Documentation regarding the individual's alleged
| aberrant behavior; past and current medical information; past and
| current performance documentation; and documentation leading up
| to and including specific details causing the request for a
| psychological FFD evaluation should be submitted to HCPU, PAS,
| ASD. Upon receipt of the information HCPU will review the
| medical file, clinical records, private physician and/or
| therapist and hospital records. HCPU will also review the most
| current physical examination results. The review of this
| material is to determine whether there is a physical explanation
| for the behavior/conduct at issue.

| (b) A psychological FFD evaluation may be
| requested in the case of employees not covered by Title 5, CFR,
| Part 339.301, whose trustworthiness is questioned, and,
| therefore, whose security clearance could be withdrawn. Is such
| cases HCPU will review submitted documentation regarding

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| conduct/behavior and current medical records and refer the issue
| to the Reinvestigation Unit, Security Division. The
| Reinvestigation Unit will evaluate whether or not a
| trustworthiness issue exists and, if so, request HCPU to conduct
| a psychological FFD evaluation.

| (c) The criteria for determining the need for a
| psychological FFD evaluation are that the identified behavior/
| conduct is not physically explained and indicates a significant
| defect in the ability of the employee to perform the essential
| functions of his/her position particularly when:

| 1. the employee poses a threat to the
| health, safety or physical well-being of themselves or others; or

| 2. the employee poses a threat to national
| security.

| (d) Behavior that negatively affects the
| employee's performance or is disruptive to the workplace should
| first be addressed by the supervisor, administratively, through
| the Performance Appraisal System, the Office of Professional
| Responsibility or any other appropriate action available to
| management. This should include referral to Employee Assistance
| Program (EAP), if appropriate. In addition, if the employee's
| behavior is not consistent with the interests of national
| security, documentation must be submitted to the Reinvestigation
| Unit. Such behavior would include:

| 1. suicidal or homicidal behavior;

| 2. any behavior which shows that the
| individual may not be reliable or trustworthy; or

| 3. any illnesses, including any mental
| condition, of a nature which in the opinion of competent medical
| authority may cause a significant defect in judgment or
| reliability, with due regard to the transient or continuing
| effect of the illness, and the medical findings of such case.

| (e) When an employee has been recommended for a
| psychological FFD evaluation, management should evaluate the
| safety and disruptiveness of the behavior in the workplace, and
| the employee's ability to fulfill the duties and responsibilities
| of the position. If the behavior is unduly disruptive or is a
| threat to the health, safety or physical well-being of others,
| then consideration should be given to removing the employee from
| the workplace. Management should immediately contact the Section
| Chief, PAS, ASD, and the Security Programs Manager, Security
| Division, and request approval to place the employee on
| administrative leave, if such a decision is warranted.

| (f) In either case the employee should be kept on
| administrative leave until a medical or psychological professional
| has conducted an examination and given a diagnosis and prognosis
| of the employee's condition in a written report to HCPU. When an

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| employee has been notified that he/she has been found unfit to
| return to duty, the employee must then utilize accrued sick leave,
| annual leave, or leave without pay while receiving treatment.
| The Voluntary Leave Transfer Program is also an option.

| (2) NOTIFICATION PHASE

| Once sufficient documentation has been obtained and
| reviewed by the aforementioned managers and mental health
| professionals, a letter will be sent to the employee advising
| him/her of the authority that the FBI has to order a psychological
| FFD evaluation. The letter will specifically address the date and
| location of where the evaluation is to occur. Failure of an
| employee to report for an authorized psychological FFD
| evaluation can and will be considered insubordination and can
| result in administrative action being taken, up to and including
| dismissal from the FBI. The letter is sent via overnight delivery
| to the SAC with instructions for presenting the letter to the
| employee.

| (3) EVALUATION PHASE

| (a) The psychological FFD evaluation is conducted
| by a licensed mental health provider on contract to the FBI.
| Presently, approved contractors are located in Chicago, Illinois;
| Chapel Hill, North Carolina; Los Angeles, California, and
| Washington, D.C. Where possible, arrangements are made through
| the EAP Coordinator in the designated city to facilitate and
| assist the employee through this process.

| (b) During the examination, the evaluator is
| authorized to conduct any physical, psychological, or psychiatric
| tests deemed necessary and appropriate to fully evaluate the
| employee's FFD status. The evaluator is required to furnish HCPU
| with appropriate documentation setting forth the results of the
| examination. The report must address the following areas which
| correspond to Title 5, CFR, Part 339.104:

| 1. the history of the condition, including
| references to findings from previous examinations, treatments,
| and responses to treatment, if appropriate;

| 2. clinical findings of the mental health
| status examination and the results of psychological tests;

| 3. diagnosis, including current clinical
| status;

| 4. prognosis, including plans for future
| treatment and an estimate of the expected time frame for
| recovery;

| 5. an explanation of the impact of the
| medical or psychological condition on overall health and
| activities, including the basis for any conclusion that
| restrictions or accommodations are or are not warranted, and

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| where they are warranted, an explanation of their therapeutic
| or risk-avoiding value;

| 6. an explanation of the medical/
| psychological basis for any conclusion which indicates the
| likelihood that the individual is or is not expected to suffer
| sudden or subtle incapacitation by carrying out, with or without
| accommodation, the tasks or duties of a specific position;

| 7. narrative explanation of the medical
| basis for any conclusion that the medical/psychological
| condition has or has not become static or well-stabilize
| (a condition which is not likely to change as a consequence of
| the natural progression of the condition, specifically as a
| result of the normal aging process, or in response to the work
| environment or the work itself) and the likelihood that the
| individual may experience sudden incapacitation (an abrupt onset
| of loss of control of physical or mental function) or subtle
| incapacitation (gradual, initially imperceptible impairment of
| physical or mental function whether reversible or not) which is
| likely to result in performance of conduct deficiencies as a
| result of the medical/psychological condition; and

| 8. the evaluation should specifically
| address any medical or psychological condition of a nature which
| may cause a significant defect in the judgment and reliability of
| the individual who is entrusted with the protection of national
| security information.

| (c) HCPU received the initial verbal report of
| the findings of the evaluation within 48 hours. A full written
| report of the findings follows within two to three weeks.

| (4) OUTCOME PHASE

| (a) The psychological FFD evaluation report is
| sent to the HCPU for initial review and recommendation as to the
| fitness of the employee. It is then forwarded to Section Chief,
| PAS, who will determine if the employee can perform all essential
| functions of the position, based upon the recommendations
| contained in the evaluation; or to the Security Programs Manager
| who will determine whether the employee's retention of a security
| clearance is consistent with national security. After reviewing
| the findings, appropriate health and administrative measures are
| instituted as follows:

| 1. the employee is found fit to return to
| work without limitations or requirements;

| 2. if the employee is found fit to return to
| duty, but with a diagnosis requiring treatment, limitations are
| directed and monitoring mechanisms are required. These include,
| but are not limited to, private doctor/therapist reports
| regarding the progress of treatment and prognosis of the
| condition; HCPU oversight and consultations; and proof of
| attendance at support meetings, if applicable;

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3. if the employee is found not FFD, specific requirements are set out in the notification letter which must be fulfilled prior to the employee returning to full or limited duty status; a reevaluation may be conducted at a time when private doctor/mental health professional and HCPU validate that the employee is ready to return to work. This will generally occur within three to six months of the initial evaluation examination.

(b) Once the outcome of the evaluation is determined, a letter is prepared and sent to the employee. Included in the letter are the specific findings of the examination and a determination of duty status. If limitations are imposed, the employee is advised that these limitations must be followed in order to continue employment with the FBI. This is known as the "Return to Work Agreement." The employee's signature on the "Return to Work Agreement" constitutes an agreement with the FBI that the employee is willing to follow the limitations set forth in the letter in order to return to work. Failure to abide by the limitation will be considered insubordination, which is subject to administrative action, up to and including dismissal. The Assistant Director (AD)/Assistant Director in Charge (ADIC)/SAC, as appropriate, will be sent the original letter in a sealed envelope addressed to the employee, along with a separate communication setting forth the outcome and the limitations the employee must abide by when returning to work and other necessary information. The AD/ADIC/SAC will be instructed to hand-deliver the original letter to the employee and ensure that the employee fully understands the directives contained within and the ramifications of the letter. The employee is notified within the letter that a copy of the evaluation report will be furnished to his/her private physician/therapist upon completion and return of an "Authorization for Disclosure of Medical Information" form.

(c) If the employee feels that he/she has a disability for which he/she wishes to seek accommodation, then the employee should be referred to the FBI Disability Program Manager in the Office of Equal Employment Opportunity Affairs for further information and guidance.

(5) REEVALUATION PHASE

If required, a reevaluation is conducted within three to six months after the initial examination. After one year in an unfit status, the HCPU can propose to the FBI's Personnel Officer that, based upon the employee's inability to perform the essential functions of the job, a letter of dismissal for medical reasons be sent. The letter would also advise the employee of his/her right to file for a medical disability or workers' compensation as appropriate. A dismissal letter may be originated by the Reinvestigation Unit if the employee's trustworthiness to hold a "Top Secret" security clearance is revoked as a result of the FFD examination.

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(6) HCPU INTERACTION WITH EAP

(a) The EAP will provide information to the HCPU, regarding the employee, when the employee's behavior/conduct crosses the boundary of what EAP can maintain within its realm of confidentiality. Information requiring disclosure includes behavior/conduct that indicates the employee has a significant defect in judgment or trustworthiness such as:

1. conduct that poses a threat to the health, safety, or physical well-being of the employee or others;
2. conduct that poses a threat to national security;
3. allegations of criminal activity; or
4. allegations of child abuse.

(b) For SAs and other employees with medical mandates, the Section Chief, PAS, is authorized to order an FFD evaluation. For employees who do not have medical mandates, the Reinvestigation Unit should be notified and they will determine if an FFD is justified.

(c) When EAP clients fall into any of the above categories, EAP Coordinators/Counselors must advise the Employee Assistance Administrator/Unit Chief of the EAU. The EAU will refer the relevant information involving the specific incident to HCPU and/or Reinvestigation Unit as appropriate. EAP will be kept apprised of the course of the case.

(7) EMPLOYEE RESPONSIBILITIES WITH REGARD TO PSYCHOLOGICAL TREATMENT AND USE OF PRESCRIBED PSYCHOTROPIC DRUGS OUTSIDE OF EAP

(a) Employees who are required to complete the SF-93, "Medical History," at the time of an official physical examination must do so truthfully, completely, and accurately. Information relating to treatment of such employees for a psychiatric/psychological condition, which may adversely impact an employee's judgment or reliability, must be reported on the SF-93 and will be reviewed by HCPU. HCPU will initially determine if the employee's condition is being monitored by EAP. If the employee is participating in EAP, further inquiry may not be necessary. However, information regarding the employee's treatment must be provided to HCPU if the employee is not being monitored by the EAP. In such cases the employee will receive a letter from HCPU requesting documentation from the employee's treatment provider regarding his/her diagnosis, treatment and prognosis. All information will be handled, as with all medical information, in a highly confidential manner by HCPU.

(b) Further, the FBI may, pursuant to Title 5, CFR, Part 339.301, require Agents and other employees specified

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| above to disclose their use of prescribed psychotropic
| medications that significantly affect their cognitive and motor
| skills. Further, the FBI may consider that information in
| determining whether an adjustment to an employee's duties is
| required. Such decisions must be based on adequate medical
| documentation and take into account both the short-and long-term
| interests of the FBI, and the public which it safeguards. It is
| not the FBI's intent to adversely affect or restrict its employees
| from seeking professional assistance and medication when required.
| That situation would neither serve the FBI, its employees, nor the
| public. Therefore, each incident will be reviewed on a
| case-by-case basis. Further, restricted duty will not adversely
| affect an employee and will only be continued for as long as such
| duty restrictions are required.

| (c) Additional information regarding psychological
| FFD evaluations and use of prescribed psychotropic drugs can be
| addressed to FBIHQ, HCPU, ASD, extension 4976, Room 6344. |

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| 24-9 IMMUNIZATION POLICY (See MIOG, Part 1, 67-8.5.2(2) and 67-8.6.2(2).)
| (Formerly MAOP, Part 1, 20-5.1.7 and 20-5.6)

| (1) PURPOSE: The purpose of this section is to
| establish an FBI Immunization Policy to address the provision of
| a safe and healthful work environment and the protection of
| employees from vaccine-preventable diseases as set forth in the
| below-listed statutes and orders. The Immunization Policy shall
| assure disease prevention and management of communicable diseases
| by providing the Centers for Disease Control (CDC) recommended
| adult immunizations to specified employees. The policy set forth
| in this section defines the roles and responsibilities of the
| Administrative Services Division (ASD), division/office heads,
| Special Agents (SAs), and Special Support Employees (SSEs). The
| Health Care Programs Unit (HCPU), ASD, will implement the
| Immunization Policy and manage the Immunization Program.

| (2) SCOPE: The Immunization Policy applies to all SAs,
| SSEs, and others identified by the division/office heads to be in
| need of immunizations based on the employee's assigned duties
| and/or international travel. SSEs include: electronics
| technicians, Evidence Response Teams, evidence control
| technicians, Disaster Squad, Special Surveillance Group members,
| police officers, emergency technicians, and health care workers.

| (3) OBJECTIVE: To promote a safe and health work
| environment for employees through health education and the
| administration and maintenance of adult immunizations.

| (4) RESPONSIBILITIES OF THE ASD

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| The ASD will provide health, immunization, and
| travel advice; conduct health surveillance; monitor
| immunizations; review health histories; issue travel clearances;
| and, provide fitness-for-duty physical examinations.

| (a) Initial immunizations offered to employees are
| listed here: Hepatitis A, Hepatitis B, Tetanus and
| Diphtheria (Td), Influenza, Measles, Mumps, Rubella, Polio, Oral
| Typhoid, and Tuberculosis (TD) screening test. Provided for
| travel by the Department of State, Public Health Department,
| Department of Defense, or other FBI-authorized providers are
| yellow fever, required once every 10 years, and other exotic
| immunizations.

| (b) The ASD will provide FBI Occupational Health
| Nurses (OHNS) with guidelines and physician's order for the
| administration of immunizations and will annually review same.

| (c) The ASD will provide FBI OHNS training in the
| administration and monitoring of immunizations.

| (d) The ASD will designate an OHN in the HCPU to
| facilitate employee immunization needs.

| (e) The ASD will develop and maintain an
| immunization data-tracking system and provide status reports
| as required.

| (5) RESPONSIBILITIES OF THE DIVISIONS/OFFICE HEADS:

| (a) Each division/office head will be responsible
| for implementing the Immunization Policy.

| (b) Each division/office head will be responsible
| for submitting an immunization questionnaire (FD-864) for all SAs,
| SSEs, and others identified to participate in duties which may
| expose the employee to disease.

| (c) Each division/office head must report the
| identity of employees assigned tasks with high risk for disease
| exposure in order for HCPU to conduct an individualized
| assessment and authorization for immunizations.

| (d) Each division/office head will ensure that
| all applicants for the SA and designated SSE positions complete
| the immunization questionnaire (FD-864) and provide evidence of
| immunizations or immunity to the preemployment examining
| physician for the following prior to entering on duty:

| 1. Tetanus/Diphtheria within the last 10
| years.

| 2. MMR (Measles, Mumps, Rubella) for those
| born after 1956.

| 3. Polio.

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If applicant has a history of a prior positive Tuberculosis test, it must be documented on the preemployment physical. If there is no prior history of positive Tuberculosis test results, applicants will be given a Mantoux PPD test as part of the preemployment physical examination at FBI expense.

If an applicant is unable to submit proof of immunization or demonstrate immunity to the preemployment physician at the contract facility for the above-mentioned diseases, he/she must be immunized, at his/her own expense, and submit documented proof to the preemployment examining physician that this has been done.

Compliance with the FBI's Immunization Policy is a condition for hire, and applicant physical examinations submitted without documented evidence of immunization status will not be medically approved.

(e) Each division/office head will be responsible for ensuring that all on-board SAs, SSEs and others identified for travel or at high risk for disease-exposure assignments, complete the immunization questionnaire (FD-864) and submit same to the HCPU, ASD, for a health and immunization advisory. Divisions/offices with assigned OHNs will submit this information through the assigned nurse. The assigned OHN will provide health education, travel advisory, immunizations or direct the employee to an authorized provider, and will submit quarterly reports to HCPU, ASD. The OHN will document the health education, travel advice, and immunizations in the employee's health record and in the employee's personal immunization record.

(f) Each division/office head will be responsible for ensuring that all periodic reporting and recordkeeping requirements are maintained and submitted as necessary or required to HCPU.

(g) Each division/office head will ensure that vaccines shipped to their offices are stored according to the manufacturer's recommendations and are provided to health services contractors or OHNs.

(h) Each division/office head will ensure that emergency procedures are in place prior to the administration of vaccines and that any adverse reactions to the vaccine are reported to the HCPU, ASD, and to the Department of Health and Human Services on the "Vaccine Adverse Event Reporting System (VAERS)" form.

(6) RESPONSIBILITIES OF FBI EMPLOYEE:

(a) Each employee identified as at risk for disease exposure will be offered immunizations and TB screening skin tests. It is the employee's responsibility to complete their immunization questionnaire, advise health care providers of any allergies, and to maintain their International Certificate

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| of Vaccination, PHS-731 record of immunizations. Immunizations
| will be documented in the employee's record.

| (b) It is the employee's responsibility to remain
| within the Health Clinic/Contractor's Office for approximately 15
| minutes after receiving an immunization to be observed for signs
| of an adverse reaction.

| (c) It is the employee's responsibility to
| immediately report to HCPU any illness contracted while on
| official Bureau travel or assignment.

| (d) It is the employee's responsibility to
| complete the appropriate Workers' Compensation Forms if any
| illness or injury is contracted or occurs while on official
| Bureau travel or assignment.

| (e) It is the employee's responsibility to accept
| or decline immunizations. To decline immunizations, an employee
| should sign a declination statement that states the employee was
| advised of the benefits and risks and declines the immunization.
| Should the employee at a later time desire to be immunized, the
| employee should request immunization.

| (7) REFERENCES

| Title 5, Code of Federal Regulations

| The Occupational Safety and Health Act, Title 29, Code
| of Federal Regulations

| Executive Order 12196

| 1997 Immunization Guidelines for the Department of
| State

| The Centers for Disease Control Recommendations for
| Adult Immunizations|

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| **24-10 FBI EMERGENCY MEDICAL SERVICE (EMS) PROGRAM**|

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| **24-10.1 EMS Medical Director Appointment and Responsibilities**

| (1) The mission of the Health Care Programs Unit is
| to promote the health and well-being of all FBI employees. These
| responsibilities include facilitating emergency health care in

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| the workplace. The EMS Medical Director is an FBI Medical
| Officer appointed by the Director with responsibilities as
| defined below.

| (a) Advise FBI supervisors, managers, and FBI
| incident commanders regarding the medical support requirements of
| Bureau contingency operations. Assist personnel tasked by these
| managers in the determination of personnel and other resources
| required to provide this support. Through the Special Agent in
| Charge (SAC) or FBI Incident Commander, ensure that the medical
| support plans developed reflect current national standards of
| emergency medical care.

| (b) Approve initial and continuing training
| requirements for FBI prehospital providers. Approve and
| implement standing orders and protocols. Approve and administer,
| on behalf of the FBI, a quality assurance program for the FBI
| emergency medical services.

| (c) Authorize, when required, the procurement of
| controlled substances, prescription pharmaceuticals and medical
| devices. Through the SAC, ensure that appropriate records of
| use, storage and application of these materials are maintained at
| the field office level in accordance with applicable federal
| standards.

| (d) Assist the FBI Occupational Safety and
| Environmental Program (OSEP) Unit and other FBI management in
| carrying out their Occupational Safety and Health Administration
| (OSHA) obligations regarding workplace safety in contingency
| field operations. Provide, through the FBI Incident Commander,
| medical recommendations for eliminating or minimizing unsafe
| conditions and practices found during mission planning or
| execution.

| (e) At the request of FBI authorities, serve as
| principal consultant in emergency medicine to the Strategic
| Information Operations Center (SIOC) or other FBI incident
| command and control assets. Through the Critical Incident
| Response Group (CIRG), assist these authorities in planning
| medical support of contingency missions.

| (f) Serve as the FBI liaison physician with
| outside agencies and institutions with regard to the FBI EMS
| Program, including but not limited to medical agencies of the
| Department of Defense, the FEMA and the United States Public
| Health Service.

| (g) At the request of the SAC, assist field
| offices in the development of a local Memorandum of
| Understanding (MOU) with hospitals, medical institutions, trauma
| centers, community EMS or other sources of local emergency care.
| These MOUs will support special operations at the level of the
| field office by providing for rapid transition of injured persons
| from FBI EMS to sources of definitive medical treatment. Promote
| the experience of those field offices with successful local MOU

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| relationships throughout the Bureauwide EMS for the overall
| improvement of the emergency care provided to FBI employees
| involved in contingency operations.

| (h) Assist the Unit Chief, HCPU, in providing
| oversight to contractors providing research, education, program
| development, medical consultation or direct patient care during
| FBI field operations. |

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| 24-10.2 Field Operations Medical Support Concept of Proportional Medical Response

| (1) The concept of proportional medical response is
| based upon deployment of an escalating medical support capability
| relative to the increasing mission requirements of a contingency
| evolution. This concept is applicable to Rapid Deployment Teams
| (RDTs), Evidence Response Teams (ERTs), Augmented/Enhanced
| Special Weapons and Tactics Teams (SWATs), Hazardous Material
| (HAZMAT) Response Teams and Dive Teams.

| (a) The field office SWAT team can be viewed as
| the basic level of tactical capability within the FBI.
| Similarly, the existing SWAT Emergency Medical Technician-Basic
| (EMT-B) system serves as the basic medical support component at
| this level of organization.

| (b) In augmented SWAT operations combining the
| tactical resources of multiple field offices, medical support
| must escalate in response to the needs of multiple teams, often
| deployed over a wide area. Command personnel must determine
| whether local civilian Emergency Medical System (EMS) Advanced
| Life Support (ALS) and hospital/trauma center capability will
| provide for definitive care of a casualty within the standard of
| care requirements recognized in the United States. These
| standards can be summarized as initial stabilization in the field
| (EMT-B level of care) within four minutes, access to ALS (EMT-
| Paramedic or EMT-P) within ten minutes, and definitive trauma or
| advanced emergency medical care in a hospital setting within one
| hour.

| (c) As the number of reactive personnel
| increases, additional SWAT EMTs may be required to meet the
| standard of care guideline. As the geographic extent of the
| operations widens, the time-to-advanced life support medical
| standard of care may require civilian EMS deployment on a
| stand-by basis, or aeromedical evacuation arrangements to permit
| transition of a casualty to definitive care within the one hour
| time frame.

| (d) Prolonged operations require nonemergent

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| access to medical care for minor medical and surgical problems.
| This capability, usually summarized as "sick call" must be an
| additional feature of medical support for prolonged operations.

| (e) A goal of one SA/EMT-P and two SA/EMT-Bs
| would provide initial ALS capability for special operations in
| more austere settings without extending the considerable
| personnel costs of Paramedic training to the entire EMT-B
| population. Enhanced or Augmented SWAT teams would benefit from
| similar coverage when operating in remote areas. As a
| contingency evolves, covering larger areas or involving more
| total personnel, an additional "medic package" would be added to
| establish a "Two-Plus-Four" SA/EMT-P and SA/EMT-B capability for
| RDT-level incident response.

| (f) A minimum equipment package is specified for
| EMT-B SWAT, ALS SWAT and RDT medical support by the Medical
| Director, EMS. |

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| 24-10.3 Credentialing of FBI Emergency Medical Service (EMS) Personnel

| (1) The EMS Medical Director has established the
| requirements listed below to meet national standards of EMS
| administration for FBI personnel.

| (a) Initial Appointment to Bureau EMS Additional
| Duty - FBI personnel are designated by their SAC or designee as
| SWAT/Special Operations EMS providers. GETA funds are available
| for the initial and recertification education requirements of
| Emergency Medical Technicians (EMTs). Approval for GETA funding
| of initial certification is contingent upon receipt of an EC from
| the local SWAT or special team coordinator to the EMS Medical
| Director at FBIHQ, Health Care Programs Unit (Room 6344)
| designating an individual for SWAT or special team medical duty.

| (b) Core Curriculum

| 1. Basic Life Support (BLS) providers -
| Maintain current EMT-Basic certification in a state
| jurisdiction. National Registry EMT-Basic (NREMT-B)
| certification is also required.

| 2. Advanced Life Support providers -
| Maintain a current EMT-Paramedic (EMT-P) certification as
| above. NREMT-Paramedic certification is also required.

| 3. Personnel may obtain NREMT status by
| attending initial EMT training approved by NREMT or by
| challenging the National Registry Examination. Recertification
| of all NREMT levels of care is required every two years. Contact

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| the National Registry of EMTs at (614) 888-4484 or www.nremt.org
| for details.

| (c) Emergency Cardiac Care Certification

| 1. BLS Providers - Basic Cardiac Life
| Support (BCLS) or Heartsaver certification renewed at two year
| intervals.

| 2. ALS Providers - Advanced Cardiac Life
| Support (ACLS) certification at two year intervals.

| (d) Tactical EMT

| 1. Support Employees - Certification in
| Emergency Medical Technician-Tactical (EMT-T) is required for
| support employees only. Initial certification is recommended
| within one year of assignment to EMS duty. EMT-T is available
| through the Counter Narcotics/Terrorism Operations Medical
| Support (CONTOMS) program of the Casualty Care Research
| Center (CCRC), Uniformed Services University of the Health
| Sciences (USUHS). CONTOMS training is a 56 hour course offered
| by CCRC at various locations nationally. Renewal of CONTOMS
| certification is not required. Contact the CONTOMS Coordinator
| at (301) 295-6263 or via website www.usuhs.gov for a course
| schedule. Courses equivalent to CONTOMS may be substituted upon
| approval of the EMS Medical Director.

| 2. SA/EMT SWAT Personnel - EMT-T/CONTOMS is no
| longer mandatory for SA/EMT. Tactical training supplementing
| that received in New Agent Training is conducted locally at the
| discretion of the division SWAT team leader.

| (e) Continuing Skills Training - Maintain
| affiliation with a local jurisdiction EMS or Emergency
| Department/Trauma Center for the purpose of periodic practice of
| EMT skills. The Office of the General Counsel (OGC) has
| determined that this activity is covered by the Federal Tort
| Claims Act as required training for SWAT SA/EMTs. Approval of
| GETA funding of recurrent certification is contingent upon
| documentation of compliance with continuing skills training as
| follows:

| 1. BLS Providers - A minimum of eight hours of
| continuing skills training in a three month period.

| 2. ALS Providers - A minimum of eight hours of
| continuing skills training per month.

| (f) Protocol Review - This protocol and
| Acknowledgment Form is provided by HCPU to each newly
| credentialed EMS provider upon appointment. Following receipt of
| initial or updated protocols from HCPU, return the signed
| Acknowledgment of EMS protocol review form to HCPU, Room 6344
| FBIHQ. This form indicates review and understanding of the
| Bureauwide EMS Protocol. FBI EMS providers with expired

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| certification should contact the appropriate jurisdiction for
| information on renewal of their EMT and BCLS/ACLS credentials.
| Renewal of credentials in the FBI EMS will follow upon receipt of
| renewal confirmation.

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**| 24-11 MEDICAL RECORDS - PERSONNEL FILES (Formerly MAOP, Part 1, 20-4.1
(2))**

| (1) Information contained in medical records is
| protected by the Privacy Act of 1974, Title 5, United States
| Code, Section 552a. The Privacy Act precludes disclosure or
| dissemination of protected information to secondary parties
| without the written permission of the subject or pursuant to the
| enumerated exceptions in subsection (b) of the Act. Any employee
| who willfully discloses medical material in any manner to any
| person or agency not entitled to receive it is guilty of a
| misdemeanor and could be fined.

| (a) A separate medical file is to be created as
| a subfile to the employee's personnel file and designated Sub M.
| To illustrate, if the employee's existing file is numbered 67-AL-
| 12345, the corresponding Employee Medical File System (EMFS)
| subfile will be numbered 67-AL-12345 Sub M.

| (b) Documents that should be filed in the EMFS
| subfile are:

- | 1. Physical examination reports and records
- | 2. FD-856 - Request for Reasonable
| Accommodation (and all attachments)
- | 3. Correspondence relating to Medical Profile
| System, medical mandates (restrictions) - when an illness is described
- | 4. FD-277 - Return to Duty Matters - when illness
| is mentioned
- | 5. Physical condition matters - when illness
| is mentioned
- | 6. Compensation forms describing accident/
| illness
- | 7. Communications relating to physical
| examination matters and overweight matters
- | 8. Doctor's certificates when an illness is
| described
- | 9. Communications relating to psychiatric

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| status/care

| (c) Documents that should NOT be filed in the
| EMFS subfile and should remain in the personnel file are:

- | 1. Maternity leave matters
- | 2. FD-277 - Return to Duty Matters - when
| illness is NOT mentioned
- | 3. Physical condition matters -
| correspondence relative to leave during extended
| illness/hospitalization - when the illness is NOT described
- | 4. Compensation forms NOT describing
| accident/illness
- | 5. Doctor's certificates when an illness is
| NOT described

| (d) The main file and the corresponding EMFS
| subfile are to be cross-referenced to each other in the "See
| also Nos" space provided on the file cover, Form FD-245d. The
| EMFS subfile will accompany the main personnel file to an
| employee's new office upon transfer. When an employee retires,
| resigns, etc., both files will be forwarded to FBIHQ in
| accordance with guidelines in Section 20-4.1 (4).

| (e) In field offices the EMFS subfile must be
| kept under lock and key under the SAC's supervision in such a
| manner that no employee will have access to his/her own file.
| The SAC may designate an employee to have oversight of the
| medical files. In field offices with a permanent Health Service,
| this duty shall be assigned to the Occupational Health Nurse.
| It is imperative that all employees with access to medical files
| understand the legal ramifications of this responsibility.

| 1. It will be incumbent upon the field office
| Occupational Health Nurse, or designated personnel, to not only
| designate the items for inclusion in the EMFS but also provide
| the authorization for the folder's release to appropriate users,
| noting the sensitive medical and psychological material that is
| occasionally contained therein. The field office should maintain
| a list of individuals authorized to receive medical files.

| 2. All medical information coming to the
| attention of the SAC should be directed to FBIHQ, Chief Medical
| Officer, via the Health Care Programs Unit. In the event that
| questions arise regarding the propriety of the release of
| medical information, the FBIHQ, Occupational Health Nurse
| Manager, should be consulted for guidance.

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